

# **BUILDING SCHOOL READINESS THROUGH HOME VISITATION**

## **EXECUTIVE SUMMARY**

**Prepared for the First 5 California Children and Families Commission  
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## **BUILDING SCHOOL READINESS THROUGH HOME VISITATION**

In 2001, the First 5 California Children and Families Commission<sup>a</sup> adopted an overarching criterion by which to judge the success of the California Children and Families First Act: “All young children healthy, learning, and ready to succeed in school.”<sup>1</sup> Adapted from the National Education Goals Panel, the Commission defines school readiness as requiring ready children, ready families and communities, and ready schools.

Home visitation is one of the most commonly used service approaches in serving families with young children, reaching as many as 550,000 children and families annually across the nation.<sup>2</sup> At least 37 states have state-based home visiting systems,<sup>3</sup> many as part of school readiness initiatives. Most California counties have elected to use some of their First 5 dollars for home visiting.<sup>4</sup>

Home visiting is being embraced nationally and in California because it has been used to address many goals important for young children and their families, including many of those specified as part of the school readiness definition adopted by the First 5 California Children and Families Commission. (See Table 1) Home visiting is promoted as a strategy that can bring services to socially or geographically isolated families, and through which services can be tailored to meet the needs of individual families.

This paper explores the extent to which research indicates that home visitation can be used as a school readiness strategy. Although there are many different types of home visiting programs, this paper focuses on a subset of home visiting programs – those primary prevention programs that send individuals into the homes of families with pregnant women, newborns, or very young children and seek to improve the lives of the children by encouraging change in the attitudes, knowledge, and/or behaviors of the parents. The following are the main conclusions:

- The popularity of home visiting has been driven by the results of a few studies of programs such as the Nurse-Family Partnership that demonstrate long-term benefits for parents and children.
- Generally, however, results vary widely across program goals, program models, program sites implementing the same model, and families within a single program site.
- Home visiting programs *can* produce benefits associated with school readiness for children and parents, but such benefits are often modest in magnitude, and more often observed among parents and in parent behavior than among children.

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<sup>a</sup> In Fall 2002, the California Children and Families Commission changed its name to the First 5 California Children and Families Commission.

- Home visiting programs are most effective in promoting school readiness outcomes when they maintain a clear focus on their goals; are linked with other services, especially those that offer services directly focused on the child; and when the home visiting and associated services are of the highest quality.

**Table 1**  
**The Relationship of Home Visiting to the School Readiness Goals**  
**of The First 5 California Children and Families Commission**

The First 5 California Children and Families Commission specified that school readiness includes three main components (ready children, ready families and communities, and ready schools), each of which is characterized by several attributes. Home visiting programs have been hypothesized to influence the attributes in **bold**.

Children's readiness for school:

- **Physical well-being and motor development**
- **Social and emotional development**
- Approaches to learning
- **Language development**
- **Cognition and general knowledge**

Schools' readiness for children

- **A smooth transition between home and school**
- **Continuity between early care and education programs and elementary grades**
- A student-centered environment focused on helping children learn
- A commitment to the success of every child
- Approaches that have been shown to raise achievement for each student
- A willingness to alter practices and programs if they do not benefit children
- Assuring that their students have access to services and supports in the community

Family and community supports and services that contribute to children's readiness for school success

- Access to high-quality and developmentally appropriate early care and education experiences
- **Access by parents to training and support that allows parents to be their child's first teacher and promotes healthy functioning families**
- **Prenatal care, nutrition, physical activity, and health care that children need to arrive at school with healthy minds and bodies and to maintain mental alertness**

**SOURCE:** California Children and Families Commission. (2001) *Guidelines and Tools for Completing a School Readiness Application*.

These findings suggest that program planners and funders, including First 5 county commissions, should maintain modest expectations for what home visiting can accomplish, should embed home visiting services in a coherent system of services for families and children, and, above all, should focus on making sure that the home visiting services that are offered in their counties are of the highest quality. Specific recommendations are summarized in [Box 1](#).

**Box 1.**  
**Summary of Suggestions for Program Planners**

- 1. Maintain realistic expectations for what home visiting services can accomplish.**
- 2. Make each funded home visiting program a strong, high quality program.**
  - a. Program funders and funding agencies, including county First 5 Commissions should:
    - (1) Before launching a program, consider carefully the role that home visiting is likely to play in promoting school readiness.
    - (2) Select a program model whose curriculum clearly addresses the goals targeted by the county.
    - (3) Consider carefully which agency will administer the proposed home visiting program, and the implications of that choice.
    - (4) Support the costs of program monitoring and quality improvement, including data collection, MIS development, data analysis and feedback to program sites.
    - (5) Facilitate the development of common definitions among funded programs for key program quality components (e.g., terms such as enrollment, attrition, missed visit, reasons for exit, paraprofessional).
    - (6) Require reporting around key program quality components, using common definitions if they have been developed, or asking programs to include their definitions if common definitions are not yet developed.
    - (7) Support opportunities for rapid improvement cycles.
  - b. Individual program sites should:
    - (1) Make sure that they adhere to program standards established by the national headquarters for their program model.
      - (a) If programs are not affiliated with a national model, then they should make sure that they establish standards for the key components of program quality (e.g., family engagement, curriculum, staffing, cultural consonance, and services tailored to high-risk families).
      - (b) If national offices have not yet established such standards, local program planners and funders should urge them to do so, and they should consider seriously selecting another model that has such standards in place.
    - (2) Hire, train, and retain the best home visitors available.
    - (3) Monitor performance on program standards regularly and provide feedback to staff.
    - (4) Seek out opportunities for cross-site comparisons on performance standards, and for follow-up learning to figure out what contributes to the varying performance at each site.
    - (5) Within a site, try out rapid improvement cycles, to test strategies to address quality problems.
    - (6) Make sure that services are culturally appropriate.

**3. Coordinate home visiting services and resources within each county.**

- a. Before launching a new home visiting program, local First 5 Commissions should sponsor a survey of existing home visiting programs within the county.
- b. Coordinate referrals to home visiting programs.
- c. Coordinate messages across home visiting programs and across other service programs within the community.
- d. Require common definitions and terminology in reports on home visiting services from all agencies and organizations funded with First 5 dollars.
- e. Coordinate the training of home visitors to save resources, build camaraderie, and help programs learn from one another.

**4. Embed home visiting services in a system that employs multiple service strategies, focused both on parents and children.**

- a. To strengthen parenting and promote children's health and development, create a strong system of services that includes health insurance coverage, child-focused child development services, and home visiting.
- b. Include services that are focused both on parents and on children.
- c. Offer multiple approaches for parent-focused services (e.g., both home visits and parent support groups).
- d. Consult with families regularly to make sure that the mix of services is appropriate.

**Endnotes**

- 1. California Children & Families Commission. CCFC's vision for our youngest Californians: Ready for school and for life. *Building Blocks*, Summer 2001, p. 2.
- 2. Gomby, D.S., Culross, P.L., & Behrman, R.E. (1999) Home visiting: Recent program evaluations – Analysis and recommendations. *The Future of Children*, 9(1), 4-26.
- 3. Johnson, K.A. (May 2001) *No place like home: State home visiting policies and programs*. Johnson Group Consulting, Inc. Report commissioned by The Commonwealth Fund. Available at [www.cmwf.org](http://www.cmwf.org).
- 4. Gomby, D.S. (2000) Promise and limitations of home visitation. *Journal of the American Medical Association*, 284(11), 1430-1431.